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DATE: October 17, 2005

CLIENT-MATTER No.: 24207-10098

To:

NAME	FAX No.	PHONE No.
USPTO	571-273-8300	

E 8 55

FROM: Sabra-Anne R. Truesdale PHONE: (650) 335-7187

SENT BY: Dana Chevalier PHONE: (650) 943-5363

NUMBER OF PAGES WITH COVER PAGE: 3

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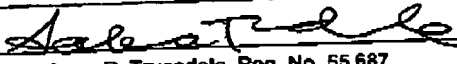
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence during pendency of filed application)		Application Number	10/749,439
		Filing Date	December 31, 2003
		First Named Inventor	David Marmaros
		Group Art Unit Number	2122
		Examiner Name	Not Yet Known
Total Number of Pages in This Submission	2	Attorney Docket Number	24207-10098 (formerly 53051/294557)

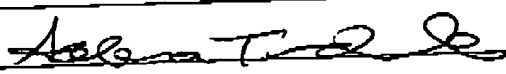
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REMARKS:

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Signature:		Dated: 10-17-05
Attorney/Reg. No.:	Sabra-Anne R. Truesdale, Reg. No. 55,687	

CERTIFICATE OF FACSIMILE TRANSMISSION		
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in the following listed application(s) or patent(s):			
Patent Number (if appropriate)	Application Number	Patent Date (if appropriate)	U.S. Filing Date
	10/541,476 10/749,439 10/749,440 10/749,620 10/750,105 10/750,109 10/765,014 10/813,818 10/814,365 10/814,414 10/814,487 10/814,766 10/814,773 10/814,908 10/814,924 10/815,158 10/854,060 10/872,504 10/881,643 10/882,059 10/882,066 10/948,710 11/018,812 11/026,616 11/026,681		09-30-2004 12-31-2003 12-31-2003 12-31-2003 12-31-2003 12-31-2003 01-26-2004 03-31-2004 03-31-2004 03-31-2004 03-31-2004 03-31-2004 03-31-2004 03-31-2004 03-31-2004 05-26-2004 06-22-2004 06-30-2004 06-30-2004 06-30-2004 09-23-2004 12-20-2004 12-31-2004 12-31-2004
Typed Name	Sabra-Anne R. Truesdale		(check one)
Signature			<input type="checkbox"/> Applicant or Patentee
Date	10-17-05		<input type="checkbox"/> Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
Address of signer: Fenwick & West LLP Silicon Valley Center 801 California Street Mountain View, CA 94041 Tel.: (650) 335-7187 Fax.: (650) 938-5200		<input checked="" type="checkbox"/> Attorney or Agent of record  55,687 (Reg. No.)	
NOTE: Signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
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